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Robert M. Bain

April 6, 2004

UTILITY PATENT APPLICATION TRANSMITTAL

(new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: MS#304540.01 (5099)

First Named Inventor: Yip et al.

Title: CENTRALIZED CONFIGURATION DATA MANAGEMENT FOR DISTRIBUTED
CLIENTS

Express Mail Label Number: EL 998651728 US

TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form
(original and duplicate)
2. ☐ Applicant claims small entity status
3. ☒ Specification [Total Pages 58]
4. ☒ Drawings [Total Sheets 06]
5. Oath or Declaration [Total Pages 03]
 - a. ☒ Newly executed (original or copy)
☐ New (unexecuted)
 - b. ☐ Copy from a prior application
(for continuation/divisional with
Box 19 completed)
 - i. ☐ DELETION OF INVENTOR(s)
Signed statement attached
deleting inventor(s) named
in prior application.



5392 U.S. PTO



6. ☐ Incorporation By Reference
(useable if Box 5b is marked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
7. ☒ Application Data Sheet
8. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Assignment Papers (cover sheet & document(s))
11. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney
12. ☐ English Translation Document (if applicable)
13. ☒ IDS with PTO/SB/O8A ☒ Copies of IDS Citations
14. ☐ Preliminary Amendment
15. ☒ Return Receipt Postcard
16. ☐ Request and Certification for Non-Publication. Form PTO/SB/35 is attached.
17. ☐ Certified Copy of Priority Document(s) if foreign priority is claimed
18. ☐ Other: _____

**IF A CONTINUING APPLICATION, CHECK APPROPRIATE
BOXES AND SUPPLY THE REQUISITE INFORMATION**


19. ☐ Continuation ☐ Divisional ☐ Continuation-in-Part
of prior application No.: _____
- ☐ Complete Application based on provisional Application
No. _____

Prior application information: Examiner:
Group Art Unit:

CORRESPONDENCE ADDRESS

20. Correspondence Address: Customer Number 000038779
Attention: Frank R. Agovino

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert M. Bain". The signature is fluid and cursive, with the first name "Robert" being more prominent and the last name "Bain" following in a similar style.

Robert M. Bain, Reg. No. 36,736

FRA/HHL/cjl

FEE TRANSMITTAL

Application Number Not yet assigned
Filing Date April 6, 2004
Confirmation No. Not yet assigned
Inventor(s) Yip et al.
Group Art Unit Not yet assigned
Examiner Name Not yet assigned
Attorney Docket Number MS#304540.01 (5099)

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345.
- ☒ The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 to Deposit Account No. 19-1345.
- ☐ Applicant claims small entity status.
2. ☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☒ BASIC FILING FEE Subtotal (1) \$770.00
(Type: utility)
2. ☒ EXTRA CLAIM FEES Subtotal (2) \$532.00
Total Claims 40
Independent Claims 05
Multiple Dependent Claims 00
3. ☒ ADDITIONAL FEES Subtotal (3) \$40.00
☐ Surcharge - late filing fee or oath
☐ Surcharge - late provisional filing fee or cover sheet
☐ Extension for reply within _____ month
☐ Notice of Appeal
☐ Filing a Brief in Support of an appeal
☐ Request for ex parte Reexamination
☐ Petitions to the Commissioner
☐ Submission of Information Disclosure Statement
☒ Recording each patent assignment per property
☐ Request for Continued Examination
☐ Other: _____

TOTAL AMOUNT OF PAYMENT \$1,342.00

Robert M. Bain
Robert M. Bain, Reg. No. 36,736

April 6, 2004
Date

FRA/HHL/cjl

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